

# LIFE, ACCIDENT AND HEALTH INSURERS

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF: DISTRICT OF COLUMBIA** \_\_\_\_\_ **Filings Made During the Year 2013**

| (1)<br>Check-list | (2)<br>Line # | (3)<br>REQUIRED FILINGS FOR THE ABOVE STATE  | (4)<br>NUMBER OF COPIES* |      |         | (5)<br>DUE DATE        | (6)<br>FORM SOURCE** | (7)<br>APPLICABLE NOTES        |
|-------------------|---------------|--|--------------------------|------|---------|------------------------|----------------------|--------------------------------|
|                   |               |  | Domestic                 |      | Foreign |                        |                      |                                |
|                   |               |  | State                    | NAIC | State   |                        |                      |                                |
|                   |               | <b>I. NAIC FINANCIAL STATEMENTS</b>  |                          |      |         |                        |                      | Please refer to all Notes      |
|                   | 1             | Annual Statement (8 ½"x14")  | 2                        | EO   | xxx     | 3/1                    | NAIC                 | Postmark date accepted. Note H |
|                   | 1.1           | Printed Investment Schedule detail (Pages E01-E27)   | 2                        | EO   | xxx     | 3/1                    | NAIC                 | Note O                         |
|                   | 2             | Quarterly Financial Statement (8 ½" x 14")   | 2                        | EO   | xxx     | 5/15, 8/15, 11/15      | NAIC                 | Postmark date accepted. Note H |
|                   | 3             | Separate Accounts Annual Statement (8 ½"x14")  | 2                        | EO   | xxx     | 3/1                    | NAIC                 |                                |
|                   |               | <b>II. NAIC SUPPLEMENTS</b>  |                          |      |         |                        |                      | Notes E, F, I, M, N, S         |
|                   | 10            | Accident & Health Policy Experience Exhibit  | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 11            | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities                          | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 12            | Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII   | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 13            | Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII  | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 14            | Actuarial Certification regarding use 2001 Preferred Class Table   | 2                        | EO   | xxx     | 3/1                    | Company              | Note N                         |
|                   | 15            | Actuarial Opinion  | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 16            | Actuarial Opinion on X-Factors   | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 17            | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit  | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 18            | Actuarial Opinion on Synthetic Guaranteed Investment Contracts   | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 19            | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation   | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 20            | Analysis of Annuity Operations by Lines of Business  | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 21            | Analysis of Increase in Annuity Reserves During Year   | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 22            | Credit Insurance Experience Exhibit  | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 23            | Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII              | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 24            | Health Care Exhibit (Parts 1, 2 and 3) Supplement  | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 25            | Health Care Exhibit's Allocation Report Supplement   | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 26            | Interest Sensitive Life Insurance Products Report  | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 27            | Investment Risk Interrogatories  | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 28            | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit   | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 29            | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form   | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 30            | Long-term Care Experience Reporting Forms  | 2                        | EO   | xxx     | 4/1                    | NAIC                 |                                |
|                   | 31            | Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII                 | 2                        | EO   | xxx     | 3/1                    | Company              |                                |
|                   | 32            | Management Discussion & Analysis   | 2                        | EO   | xxx     | 4/1                    | Company              |                                |
|                   | 33            | Medicare Supplement Insurance Experience Exhibit   | 2                        | EO   | xxx     | 3/1                    | NAIC                 |                                |
|                   | 34            | Medicare Part D Coverage Supplement  | 2                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | NAIC                 |                                |
|                   | 35            | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV   | 2                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | Company              |                                |
|                   | 36            | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV                                 | 2                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | Company              |                                |
|                   | 37            | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI           | 2                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | Company              |                                |
|                   | 38            | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | 2                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | Company              |                                |

|  |     |  |     |     |     |                           |         |  |
|--|-----|--|-----|-----|-----|---------------------------|---------|--|
|  | 39  | Reasonableness & Consistency of Assumptions<br>Certification required by Actuarial Guideline XXXVI<br>(Updated Market Value) | 2   | EO  | xxx | 3/1,5/15, 8/15,<br>11/15  | Company |  |
|  | 40  | Risk-Based Capital Report  | 2   | EO  | xxx | 3/1                       | NAIC    |  |
|  | 41  | RBC Certification required under C-3 Phase I   | 2   | EO  | xxx | 3/1                       | Company |  |
|  | 42  | RBC Certification required under C-3 Phase II  | 2   | EO  | xxx | 3/1                       | Company |  |
|  | 43  | Schedule SIS   | 2   | N/A | N/A | 3/1                       | NAIC    |  |
|  | 44  | Statement on non-guaranteed elements - Exhibit 5 Int. #3   | 2   | EO  | xxx | 3/1                       | Company |  |
|  | 45  | Statement on par/non-par policies – Exhibit 5 Int. 1&2   | 2   | EO  | xxx | 3/1                       | Company |  |
|  | 46  | Supplemental Compensation Exhibit  | 2   | N/A | N/A | 3/1                       | NAIC    |  |
|  | 47  | Supplemental Schedule O  | 2   | EO  | xxx | 3/1                       | NAIC    |  |
|  | 48  | Trusted Surplus Statement  | 2   | EO  | xxx | 3/1, 5/15, 8/15,<br>11/15 | NAIC    |  |
|  | 49  | Workers' Compensation Carve-Out Supplement   | 2   | EO  | xxx | 3/1                       | NAIC    |  |
|  |     | <b>III. ELECTRONIC FILING REQUIREMENTS</b>   |     |     |     |                           |         | Notes F, M,<br>P                           |
|  | 50  | Annual Statement Electronic Filing   | xxx | 1   | xxx | 3/1                       | NAIC    |  |
|  | 51  | March .PDF Filing  | xxx | 1   | xxx | 3/1                       | NAIC    |  |
|  | 52  | Risk-Based Capital Electronic Filing   | xxx | 1   | N/A | 3/1                       | NAIC    |  |
|  | 53  | Risk-Based Capital .PDF Filing   | xxx | 1   | N/A | 3/1                       | NAIC    |  |
|  | 54  | Separate Accounts Electronic Filing  | xxx | 1   | xxx | 3/1                       | NAIC    |  |
|  | 55  | Separate Accounts .PDF Filing  | xxx | 1   | xxx | 3/1                       | NAIC    |  |
|  | 56  | Supplemental Electronic Filing   | xxx | 1   | xxx | 4/1                       | NAIC    |  |
|  | 57  | Supplemental .PDF Filing   | xxx | 1   | xxx | 4/1                       | NAIC    |  |
|  | 58  | Quarterly Statement Electronic Filing  | xxx | 1   | xxx | 5/15, 8/15, 11/15         | NAIC    |  |
|  | 59  | Quarterly .PDF Filing  | xxx | 1   | xxx | 5/15, 8/15, 11/15         | NAIC    |  |
|  | 60  | June .PDF Filing   | xxx | 1   | xxx | 6/1                       | NAIC    |  |
|  |     | <b>IV. AUDIT/INTERNAL CONTROL RELATED<br/>REPORTS</b>  |     |     |     |                           |         | Notes E, F,<br>N, S, T                     |
|  | 71  | Accountants Letter of Qualifications   | 2   | EO  | N/A | 6/1                       | Company |  |
|  | 72  | Audited Financial Reports  | 2   | EO  | xxx | 6/1                       | Company |  |
|  | 73  | Audited Financial Reports Exemption Affidavit  | 2   | N/A | N/A |                           | Company |  |
|  | 74  | Communication of Internal Control Related Matters<br>Noted in Audit  | 2   | N/A | N/A | 8/1                       | Company |  |
|  | 75  | Independent CPA (change)   | 2   | N/A | N/A |                           | Company |  |
|  | 76  | Management's Report of Internal Control Over Financial<br>Reporting  | 2   | N/A | N/A | 8/1                       | Company |  |
|  | 77  | Notification of Adverse Financial Condition  | 2   | N/A | N/A | As Required               | Company |  |
|  | 78  | Request for Exemption to File  | 2   | N/A | N/A | As Required               | Company |  |
|  | 79  | Relief from the five-year rotation requirement for lead<br>audit partner   | 2   | EO  | N/A | 3/1                       | Company |  |
|  | 80  | Relief from the one-year cooling off period for<br>independent CPA   | 2   | EO  | N/A | 3/1                       | Company |  |
|  | 81  | Relief from the Requirements for Audit Committees  | 2   | EO  | N/A | 3/1                       | Company |  |
|  |     | <b>V. STATE REQUIRED FILINGS***</b>  |     |     |     |                           |         |  |
|  | 104 | Filings Checklist (with Column 1 completed)  | 1   | 0   | 0   | Various Dates             | DISB    |  |
|  | 105 | Premium tax  | 1   | 0   | 1   | 3/1                       | DISB    | Note D, E,<br>Postmark<br>Date<br>Accepted |
|  | 106 | State Filing Fees  | 1   | 0   | 1   | 4/30                      | DISB    | Note C, E                                  |
|  | 107 | Signed Jurat Page  | 2   | 0   | xxx | Various Dates             |         |  |
|  | 108 | Electronic Claims Payment Form (prompt pay form)   | 1   | 0   | 1   | 3/15                      | DISB    | Note Q                                     |
|  | 110 | Holding Company System Registration Statement (Form<br>B)  | 1   | 0   | N/A | 4/30                      | DISB    | Note F, U                                  |
|  | 111 | Holding Company System Summary of Changes (Form<br>C)  | 1   | 0   | N/A | 4/30                      | DISB    | Note F, U                                  |
|  | 112 | Holding Company System Prior Notice of a Material<br>Transaction (Form D)  | 1   | 0   | N/A | As required               | DISB    | Note U                                     |

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

\*\*\*For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC.

|  |   | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) |  |
|--|---|---|--|
|  | A | Required Filings Contact Person:                  | Samuel Merlo, Financial Analyst<br><a href="mailto:Sam.merlo@dc.gov">Sam.merlo@dc.gov</a> (email)<br>(202) 442-7833 (telephone)<br>Also, See Notes C and D below for License and Premium Tax contacts.   |
|  | B | Mailing Address:                                  | Nathaniel K. Brown<br>Chief Financial Manager<br>DC Department of Insurance, Securities and Banking<br>Financial Examiner Division<br>810 First Street, NE, Suite 602<br>Washington, DC 20002  |
|  | C | Mailing Address for Filing Fees:                  | License Renewal for Life - \$200.00<br>DC Department of Insurance, Securities and Banking<br>Financial Examiner Division<br>810 First Street, NE, Suite 602<br>Washington, DC 20002<br>Check should be payable to DC Treasurer<br>Contact Person: Denise Parker<br><a href="mailto:denise.parker@dc.gov">denise.parker@dc.gov</a> (email)<br>(202) 442 – 7842 (telephone)  |
|  | D | Mailing Address for Premium Tax Payments:         | DC Department of Insurance, Securities and Banking<br>Insurance Bureau<br>PO Box 92180<br>Washington, DC 20090 – 2180<br>Check should be made payable to DC Treasurer<br>Contact Person: Julia C. May<br>Accountant<br><a href="mailto:Julia.may@dc.gov">Julia.may@dc.gov</a> (email)<br>(202) 442 – 7842 (telephone)  |
|  | E | Delivery Instructions:                            | All <b>annual financial statement</b> filings must be postmarked no later than March 1 <sup>st</sup> . Other financial filings must be postmarked no later than the indicated due date. License applications and filing fees must be physically received at the address in Note C no later than April 30 <sup>th</sup> . Premium tax returns and payments must be postmarked no later than March 1 <sup>st</sup> . |
|  | F | Late Filings:                                     | Company will be fined \$100 per day for a late filing. Other actions including license suspension may be taken.  |
|  | G | Original Signatures:                              | Original signatures are required on all filings from domestic companies.   |
|  | H | Signature/Notarization/Certification:             | The President and Secretary are required to sign the annual statement, or in their absence, 2 other principal officers may sign.   |
|  | I | Amended Filings:                                  | Amended items must be filed within 10 days of an amendment, along with an  |

|  |   |   |  |
|--|---|---|--|
|  |   |   | <p>explanation of the amendments. If there are signature requirements for original filings, same should be followed for any amendment. Amendments to the Annual or Quarterly Statements require an amended jurat page, including amendment number, amendment date and the number of pages refilled.</p>  |
|  | J | Exceptions from normal filings:                                   | <p>Foreign companies must supply a written copy of any extension received by its state of domicile at least 10 days prior to the filing date. Domestic companies should apply at least 30 days prior to the due date and, for extensions, must submit a written request explaining the reason for the delay and a detailed timeline of any expected component completion dates and contingencies.</p>  |
|  | K | Bar Codes (State or NAIC):  | <p>Please follow the instructions in the NAIC Annual Statement Instructions.</p>   |
|  | L | Signed Jurat:   | <p>See Notes G, H, I</p>   |
|  | M | NONE Filings:   | <p>District of Columbia does not require the filing of a "NONE" page if applicable supplemental interrogatory indicates that the filing is non-applicable.</p>   |
|  | N | Filings new, discontinued or modified materially since last year: | <p>New Filings: None</p>   |
|  | O | Item 1.1 Investment Schedule Detail                               | <p>Domestic Companies are not required to submit an additional copy of the detailed investment schedules if they are already bound in the Annual Statement.</p>  |
|  | P | Electronic Filing Requirements                                    | <p>See general Instructions for Companies to use checklist to follow for specific guidance on electronic filing requirements including the requirements to file certain items in the portable document (PDF Files). Any questions regarding electronic filing should be directed to the NAIC. The NAIC web site is at <a href="http://www.naic.org">http://www.naic.org</a><br/>The main phone line is (816) 842-3600. The NAIC help desk line is (816) 783-8500.</p>  |
|  | Q | Electronic Claims Payment Report (Prompt Pay Form):               | <p>The "Prompt Pay Act 2002" (DC Code 31-3135) which went into effect on July 23, 2002 requires that health insurers file a claim payment report to the Commissioner no later than March 15<sup>th</sup> of each year. <b>This is an electronic filing.</b> Please refer to the DISB website for the Claims Payment Reform Form. The report should only be filled by companies that write health insurance as Defined in DC Official Code Title 31, Chapter 33, 3301.1. A zero report is required from those writing health insurance but having no claims. A copy</p> |

|  |   |  |  |
|--|---|--|--|
|  |   |  | of the statute is attached to the Claims Report Form on the DISB website.<br>Contact Person: Carolyn King<br>Health Insurance Consumer Specialist<br>(202) 442-7801.   |
|  | R | Standard Report Requirements:  | To order NAIC publications, including the Annual Statement Blanks and Instructions and the Accounting Practices and Procedures Manual, call Publications at (816) 783-8300. Publications catalogue also available on line at <a href="http://www.naic.org">http://www.naic.org</a> |
|  | S | Foreign Company Filings:   | Foreign Companies to file hard copy of statements only upon written request.   |
|  | T | Audited Statements   | Please refer to DC Code 31, Chapter 3 for guidance. Audited Statement must be prepared on a statutory basis. Auditor must be independent CPA. CPA appointment or Change Notice – refer to DC Code 31-304.  |
|  | U | Holding Company Registration Statement (Form B). Summary of Changes (Form C) and Report of Material Transactions (Form D). | Foreign Companies domiciled in States that have holding company system filing requirements, similar to the District of Columbia, are not routinely required to file with the DISB. Please refer to DC Code 31, Chapter 31, and Chapter 7 for guidance.                             |

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk-Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The *Separate Accounts Electronic Filing* includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts .PDF Filing* is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplement .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. . **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.